

Case Number:	CM14-0028816		
Date Assigned:	06/20/2014	Date of Injury:	05/02/2013
Decision Date:	07/31/2014	UR Denial Date:	02/14/2014
Priority:	Standard	Application Received:	03/06/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 48-year-old female with a reported injury on 05/02/2013. The mechanism of injury was not provided within the clinical notes. The clinical note dated 02/04/2014 reported that the injured worker complained of right shoulder pain. The physical examination of the injured worker's right shoulder revealed tenderness to palpation and limited range of motion due to pain. The range of motion to the right shoulder demonstrated flexion to 65 degrees, extension to 30 degrees, abduction to 60 degrees, internal and external rotation to 30 degrees. The injured worker's diagnosis included right shoulder arthroscopy surgery. The injured worker's prescribed medication list was not provided within the clinical notes. The provider requested X-Force stimulator; the rationale was not provided within the clinical notes. The Request for Authorization was submitted on 03/05/2014. The injured worker's previous treatments included physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

X- FORCE STIMULATION: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy, page 114-116 Page(s): 114-116.

Decision rationale: The request for X-Force stimulation is non-certified. The injured worker complained of right shoulder pain. The treating physician's rationale for the X-Force stimulation was not provided within the clinical notes. The X-Force stimulator device is a dual modality unit, offering TEJS and TENS functions that both use electrical stimulation to combat pain found in the joint capsule. The California MTUS guidelines for the use of TENS unit requires chronic intractable pain documentation of at least a three month duration. There needs to be evidence that other appropriate pain modalities have been tried (including medication) and failed. A one-month trial period of the TENS unit should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function; rental would be preferred over purchase during this trial. Other ongoing pain treatment should also be documented during the trial period including medication usage. There is a lack of clinical documentation indicating the injured worker has significant deficit requiring the X-Force stimulator. There is a lack of clinical information indicating the injured worker's pain was unresolved with conservative care to include physical therapy, home exercise, and/or oral medication therapy. There is a lack of clinical documentation indicating the injured worker has chronic intractable pain documented for a minimum of 3 months. Within the submitted clinical information, a 1-month trial with effectiveness and outcome of the X-Force stimulation device was not provided within the clinical documentation. Given the information provided, there is insufficient evidence to determine appropriateness of the X-Force stimulation device to warrant medical necessity; as such, the request is non-certified.